



08/441322

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Date: May 15, 1995
File No. A-61182/JCAssistant Commissioner for Patents
Washington, DC 20231

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NUMBER *TB695625436US*DATE OF DEPOSIT May 15, 1995

I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER 37 CFR 1.10 ON THE DATE INDICATED ABOVE AND IS ADDRESSED TO: THE COMMISSIONER OF PATENTS AND TRADEMARKS, WASHINGTON, DC 20231.

TYPED NAME Reynaldo F. TumanengSIGNED [Signature]

Sir:

1-00 del Transmitted herewith for filing is the patent application of Inventors:
BRIAN M. ADAMS, HOA PHAM, DANIEL LUCH

For: **SPILL-REDUCTION CAP FOR FLUID CONTAINER**

Enclosed are also:

 Prior Art Statement
 X 3 Sheets of drawing, Formal , Informal X
 An Assignment of the invention to:

Cost of recording to be charged to Deposit Account No. 06-1300
(Order No. A- /)

 Recordation Sheet and Check No. (\$.00). Two copies are enclosed.
 Power of Attorney by Assignee & Exclusion of Inventor Under 37 CFR 1.32
 X Combined Declaration and Power of Attorney for Patent Application (unsigned)
 Declaration for Patent Application
 Associate Power of Attorney
 Small Entity Status Declaration Under 37 CFR

FOR:	(Col. 1) NO. FILED	(Col. 2) NO. EXTRA	SMALL ENTITY RATE	FEE	OR	OTHER THAN A SMALL ENTITY RATE	FEE
BASIC FEE				\$365	OR		\$730
TOTAL CLAIMS	<u>25</u> -20 =	* <u>5</u>	x11 =	\$ <u> </u>	OR	x22 =	\$ <u>110</u>
INDEP CLAIMS	<u>2</u> -3 =	* <u>0</u>	x38 =	\$ <u> </u>	OR	x76 =	\$ <u> </u>
[] MULTIPLE DEPENDENT CLAIM PRESENTED			+120 =	\$ <u> </u>	OR	+240 =	\$ <u> </u>
*If the difference in Col. 1 is less than zero, enter "0" in Col. 2.			TOTAL	\$ <u> </u>	OR	TOTAL	\$ <u>840</u>

 X Our Check No. 72450 in the amount of \$840.00 to cover the filing fee is enclosed.

 X The Commissioner is hereby authorized to charge any additional fees which may be required, including extension fees, or credit any overpayment to Deposit Account No. 06-1300 (Order No. A-61182/JC). Two copies of this sheet are enclosed.

Respectfully submitted

[Signature]

Julian Caplan

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